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CONFIRMATION NO. 8677

<b>SERIAL NUMBER</b> 10/052,192	<b>FILING OR 371(c) DATE</b> 01/17/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 2002P00448 US	
<b>APPLICANTS</b> Samuel I. Brandt, Malvern, PA; Jan DeHaan, Downingtown, PA;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/318,664 09/12/2001					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/13/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 28524					
<b>TITLE</b> SYSTEM AND USER INTERFACE FOR PROCESSING HEALTHCARE RELATED EVENT INFORMATION					
<b>FILING FEE RECEIVED</b> 1112	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		